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State of Nebraska

Investigator's Motor Vehicle Accident Report

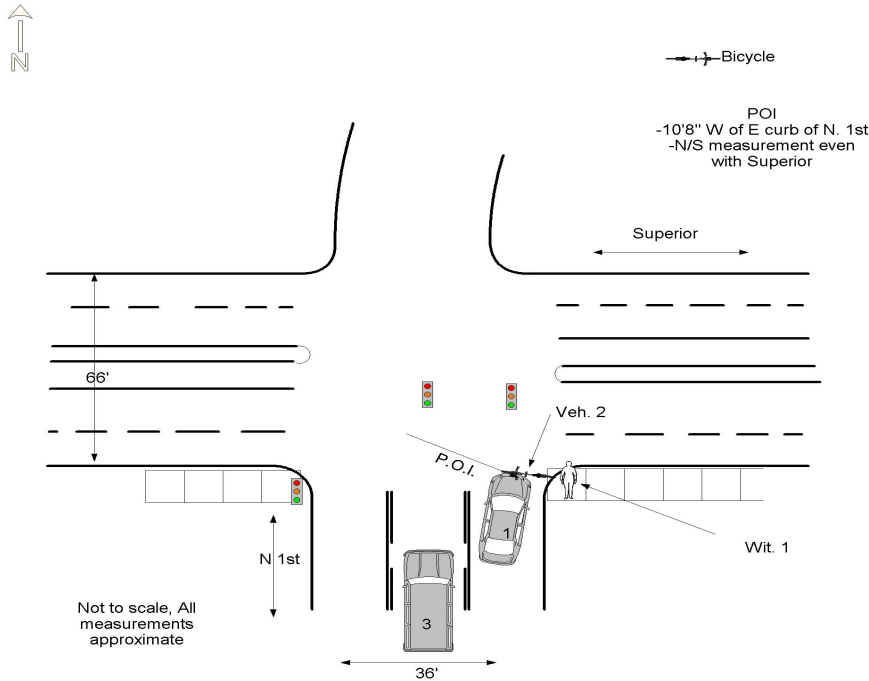
Sheet 1 of 2

002	Total Number of Vehicles	Local No./ District 133	Agency Case No. B2-062920	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 07-10-2012		TIME OF ACCIDENT 1642	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1642	LATITUDE	
B 84	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 1ST/SUPERIOR		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 3 R2 1 R3 5 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13205017		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 02	DRIVER	ELIZABETH L BERGER		PHONE (402) 658-3352	LOCAL NO.	
V2/N 02	DRIVER ADDRESS	249 W IRVING, , LINCOLN, NE, 68521		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	01-25-1991
G 4	OWNER	PAUL A BERGER		PHONE (402) 289-9859	LOCAL NO.	08-10-1964
		OWNER ADDRESS		CITY, STATE, ZIP		CITATION
		20506 ANTLER CIR, , ELKHORN, NE, 68022				<input checked="" type="radio"/> YES <input type="radio"/> NO
				CITATION NO.		LB338590
H 4	LICENSE PLATE	PA NO.	SDB966	YEAR (Plate Expires)	2013	STATE (Of Plate) NE
V1/O 1	VEHICLE	2000	MAKE Honda	MODEL CIVIC	BODY STYLE 4 door Sedan	COLOR SIL
V2/O 2	VEHICLE ID NO. (VIN)	2HGEJ6612YH579586		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0		
		TOWED TO		TOWED BY		INSURANCE COMPANY VIKING INSURANCE COMP. OF WIS
				POLICY NO.		275618497
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	G08015229		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	DAWN M BORGES		PHONE (402) 440-5966	LOCAL NO.	
V2/P 1	DRIVER ADDRESS	1840 NW FAESY, , LINCOLN, NE, 68528		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02-20-1970
J 01	OWNER	SAME		PHONE ()	LOCAL NO.	
		OWNER ADDRESS		CITY, STATE, ZIP		CITATION
		, , , ,				<input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO
				CITATION NO.		
V1/Q 4	LICENSE PLATE	NO.	UNK	YEAR (Plate Expires)		STATE (Of Plate)
V2/Q 2	VEHICLE	1986	MAKE	MODEL SCHWINN BIC	BODY STYLE	COLOR RED
K 02	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOALED \$		
		TOWED TO		TOWED BY		INSURANCE COMPANY
				POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. # 2	NAME	Dawn M Borges , 1840 Nw Faesy, , Lincoln, Ne, 68528		DATE OF BIRTH (MM / DD / YYYY)	02-20-1970	1 02 2 09 3 2 SEX F
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
			Lincoln - BryanLGH Medical Center West (Lincoln General) - Lancaster	Lincoln Fire & Rescue		
VEH. #	NAME	ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B2-062920



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Dr. 1 was operating a motor vehicle NB on N. 1st, stopped for a red traffic signal at Superior, in the outside lane. Dr. 1 stated she was attempting to turn EB onto Superior, had looked several times for a gap in traffic, and then proceeded to turn right on red. Veh. 1 then struck veh. 2, a bicyclist. Dr. 1 stated she accelerated to approximately 8mph. Dr. 2 stated she was travelling WB on the sidewalk, south of Superior, approaching the intersection at N. 1st and Superior. She observed NB traffic to have a red traffic signal, and the pedestrian signal to have a green signal. She entered into the intersection and was struck by veh. 1. Wit. 1 stated she was on a bicycle, stopped on the SE corner of N. 1st/Superior as she had noticed Dr. 1 not paying attention to pedestrian traffic. Wit. 1 stated she observed a green traffic signal for pedestrian traffic EB/WB to cross N. 1st on Superior. Wit. 1 stated she observed veh. 2 to enter the intersection and veh. 1 accelerate to approximately 10mph to make a turn and strike veh. 2. Wit. 2 stated she was the front passenger in veh. 3, which had a red signal, and witnessed veh. 2 enter the intersection and be struck by veh. 1. Wit. 2 stated she was unsure if there was a green pedestrian signal but was sure there was a red traffic signal for NB traffic on N. 1st. Witnesses 3 and 4 were also in veh. 3 and both stated they observed veh. 1 stop for the red light then accelerate to make the right hand turn and strike veh. 2. Dr. 1 cited for fail to yield right of way.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
WITNESSES	NAME CYNTHIA L MAINS	ADDRESS 3320 RIDGEPORT DR #147 LINCOLN NE 68504	PHONE (402) 213-1045		
	NAME SARAH A KARTHAUSER	ADDRESS PO BOX 98921 LINCOLN NE 68509	PHONE (402) 318-6023		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1	X				N. 1ST								4				2				VEH 1 001 VEH 2 001			
2				X	SUPERIOR(S								2				N X N X N				ALCOHOL/ DRUGS SUSPECTED			
1	05	06 Turning left			POINT OF IMPACT 02				POINT OF IMPACT 07				1 Deployed - front				1 None used - vehicle occupant				Driver No. 1 Driver No. 2			
2	01	07 Making U-turn			MOST DAMAGED AREA 00				MOST DAMAGED AREA 01				2 Deployed - side				2 Lap & shoulder belt used				1 1			
				08 Entering traffic lane								3 Deployed - both front/side				3 Shoulder belt only used								
				09 Leaving traffic lane								4 Not deployed				4 Lap belt only used								
				10 Parked								5 Not applicable/ No airbag available				5 Child safety seat used								
				11 Slowing or stopped in traffic								6 Unknown				6 Child booster seat used								
				12 Other												7 DOT approved helmet used								
				13 Unknown												8 Costume helmet used								
																9 Restraint use unknown								
OFFICER NO. 1650				TROOP/ TEAM/ BEAT 1A				DEPARTMENT 5501 Lincoln Police Department				Photographs taken? YES NO												
INVESTIGATOR NAME (Print or Type) Cole Jennings				INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission				DATE OF REPORT 07/11/2012																

State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report

Sheet 2 of 2

Local No./
District **133**

Agency Case No.	B2-062920
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STATE USE ONLY

Vehicle Codes from Overlay #2

DATE OF ACCIDENT (MM / DD / YYYY)

PLACE OF ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence of Events

ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.	N 1ST/SUPERIOR
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VEH. #	VEHICLE NO.										VEH. #
	DRIVER LICENSE NO.		STATE (Of License)					SEX		<input type="radio"/> FEMALE <input type="radio"/> MALE	
M	DRIVER					PHONE ()			LOCAL NO.		1.
N	DRIVER ADDRESS					CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.
	OWNER					PHONE ()			LOCAL NO.		3.
O	OWNER ADDRESS					CITY, STATE, ZIP		CITATION		<input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
P	LICENSE PLATE NO.		YEAR (Plate Expires)				STATE (Of Plate)				4.
Q	VEHICLE	YEAR	MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE
										<input type="radio"/> TOTALED \$	5.
	VEHICLE ID NO. (V/I/N)						INSURANCE COMPANY				
	TOWED TO				TOWED BY				POLICY NO.		

VEH. #	VEHICLE NO.										VEH. #		
	DRIVER LICENSE NO.							STATE (Of License)			SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		
M	DRIVER					PHONE ()			LOCAL NO.			1.	
	DRIVER ADDRESS					CITY, STATE, ZIP			DATE OF BIRTH (MM / DD / YYYY)				
N	OWNER					PHONE ()			LOCAL NO.			2.	
O	OWNER ADDRESS					CITY, STATE, ZIP			CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO		CITATION NO.		3.
P	LICENSE PLATE NO.						YEAR (Plate Expires)				STATE (Of Plate)		4.
Q	VEHICLE	YEAR	MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$		5.
	VEHICLE ID NO. (VIN)							INSURANCE COMPANY					
	TOWED TO				TOWED BY				POLICY NO.				6.

[illegible]

Complete this section for all injured persons					DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS											
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.						

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.
B2-062920

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE ()	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	AUSTIN L MARCSISAK , 5326 BANCROFT AVE LINCOLN NE 68506 (402) 429-4257				
WITNESSES	NAME	ADDRESS			PHONE
	STEVAN A GREER , 207 HARTLEY LINCOLN NE 68521 (402) 310-7665				
OFFICER NO. 1650		TROOP/ TEAM/ BEAT 1A		DEPARTMENT 5501 Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Cole Jennings			INVESTIGATOR SIGNATURE Digital Certificate with Nebraska Crime Commission		DATE OF REPORT 07/11/2012